

DECLARATIONS FOR A TRUCKER

Page

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NEW

10/27/99

Policy No: CPCO 6765871 9

ITEM ONE

Named Insured and Address

Producer Name and Address

TMC INC
P O BOX 70
LA JARA

CO 81140

NATHAN R. MURDOCK
1006 NEVADA ST
WALSENBERG

CO 81089

Producer Code: .050

Broker: 298603901

PREV POLICY NO: 6809994-9 7356789-6

Report Basis: ANNUAL

Policy Period: From 10/27/99 to 10/27/00 at 12:01 A.M. Standard Time at your mailing address shown above.

Insurer Company and Code: 10243

NATIONAL CONTINENTAL

Named Insured's Business: 1 TRANSPORTATION

81140

Form of Business: CORPORATION

*TOTAL ESTIMATED PREMIUM

\$7,438

*This policy may be subject to final audit.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

| COVERAGES | COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section of the Truckers Coverage Form shows which autos are covered autos) | LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS |
|---|--|---|
| LIABILITY | 41 | 5,000,000 CSL |
| PERSONAL INJURY PROTECTION (or equivalent No-fault coverage) | 46 | Separately stated in each PIP endorsement |
| PROPERTY PROTECTION INSURANCE (Michigan only) | | Separately stated in the PIP endorsement |
| MEDICAL PAYMENTS | | |
| UNINSURED MOTORISTS | 46 | 25,000 PER PERSON 50,000 PER ACCIDENT |
| UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) | | |
| PHYSICAL DAMAGE (See ITEM FOUR for hired or borrowed autos) | 46 | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ 250 Ded. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE BY FIRE OR LIGHTNING'S FOR LOSS CAUSED BY M ITEM FOUR for hired or b |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE | | ACTUAL CASH VALUE OR IS LESS MINUS \$ 250 Ded. FOR LOSS CAUSED BY M ITEM FOUR for hired or b |
| PHYSICAL DAMAGE COLLISION COVERAGE | 46 | ACTUAL CASH VALUE OR IS LESS MINUS \$ 250 AUTO. See ITEM FOUR fo |
| PHYSICAL DAMAGE TOWING AND LABOR (Not available in California) | | \$ for each disableme |

Written on an estimated
on underwriting information
this time and is subject to
further underwriting
audit

TRUE EFFECTIVE 10-26-99 AT 2:00 PM.

Premium is
basis based
available at
change follo
cluding fin

CA DS 14 07 97

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| | N | 99342 | 242 |

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| End | Last Run | Eff Date | Pages |
| CO1 | | 10/27/99 | 2333 |

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| Yr | AGE |
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FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: SEE SCHEDULE ATTACHED

FILINGS

INTERSTATE COMMERCE COMMISSION

FORM MCS-90 35-DAY NOTICE OF CANCELLATION

OTHER CHARGES INCLUDED WITH POLICY TOTAL PREMIUM

COUNTERSIGNED 10/27/99 BY

CA DS 14 07 97

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| <u>Batch</u> | <u>Rep</u> | <u>Cur Date</u> | <u>Run Seq</u> |
| | N | 99342 | 242 |

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| 001 | | 10/27/99 | 2334 |

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| <u>Yr</u> | <u>AGENT</u> |
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